



New Customer Registration Form

Customer Name: _____

Customer Account Number: _____

Type / Legal Entity
(Limited co / Partnership / Sole Trader) _____

Company Trading name
(if different from above) _____

Company Registration No:
(Limited companies) _____

Proprietor Details
(Sole Traders / Partnerships) _____

Company Address _____

Contact Name: _____

Telephone Number (Land Line): _____

Email Address for Accounts Dept _____

Fax Number _____

Payment Terms _____

Credit Limit Required _____

Please attach a copy Purchase Order / Letterhead

Signed _____

On behalf of
(Client) _____